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June 27, 2013

Judge Leonard D. Wexler  
Long island Federal Courthouse  
944 Federal Plaza  
Central Islip, New York 11722


*VIA FACSIMILE AND ECF*

**Re: United States of America v. Michael Maranda**  
**Docket No.: 11-CR-804**

Dear Judge Wexler:

This is to request that my client, Michael Maranda be excused from Home Detention on July 5<sup>th</sup> through July 8<sup>th</sup> since his fiancé is now scheduled to be hospitalized for a c-section on July 5, 2013 (see attached) and she will need him to be available for several days.

Very truly yours,



Terrence P. Buckley, Esq.

TPB/am

## Sick / Maternity Leave Request

Part 1 (To be completed by employee)

Note to employee: It is your responsibility to have this form filled out in its entirety--both front and back sides. Your leave request cannot be granted if this form is incomplete.

Name: Lori Thompson S.S. # 087-72-3542  
(Please Print)

Part 2 (To be completed by physician)

Our attendance rules require a doctor's statement covering the employee's inability to work. This may also serve as a basis for paying him/her while absent.

**BEFORE THIS REQUEST FOR LEAVE WILL BE CONSIDERED, WE MUST HAVE RESPONSES TO ALL INFORMATION REQUESTED BELOW.**

1. Diagnosis: Intrauterine Pregnancy

Diagnosis Code: V22.0 (primary) Diagnosis Code: \_\_\_\_\_ (secondary) Diagnosis Code: \_\_\_\_\_ (secondary)

Prognosis: good

Course of Treatment: Antepartum and post partum care.

2. Was hospitalization required? Yes ☒ No \_\_\_\_\_ Indicate Dates: Scheduled c-section 7.8.13 \*

3. Is employee confined to bed, in a cast, or in traction? Yes \_\_\_\_\_ No ☒

4. Is this illness/injury a permanent disability? Yes \_\_\_\_\_ No ☒

Month / Day / Year

5. Date of your first treatment for this illness: \_\_\_\_\_ 11.8.12

6. Date employee became medically disabled for work: \_\_\_\_\_ 6.21.13

7. Date of next appointment: \_\_\_\_\_ 6.19.13

8. Date the employee is expected to be medically able to perform usual work: \_\_\_\_\_ 9.2.13  
(job description available)

9. For pregnancies, enter date of delivery: Estimated ☒ Actual \_\_\_\_\_ 7.11.13

I hereby certify that I am a Licensed Physician, D.D.S., Chiropractor, Podiatrist, and that the above statements are true to the best of my knowledge and belief. (Please circle title)

Date of visit: 6.17.13

Print Name: Jennifer Marshak MD.

Phone: 631.473.7171

Signature: J Marshak

Address: 118 N. Country Rd.

PJ, NY 11777